UNITED NATIONS

# World Chronicle

**PROGRAMME:** No. 552, recorded 15 April 1994

**GUEST:** **Dr. Habib Rachmat Hapsara**
**Director, Epidemiological Surveillance and Health Situation and Trend Assessment**
**World Health Organization**

**JOURNALISTS:** Ian Williams, The New York Observer
Afsane Bassir Pour, Le Monde

**MODERATOR:** Michael Littlejohns

## WORLD HEALTH ORGANIZATION

Dr. Habib Rachmat Hapsara, Director of Epidemiological Surveillance and Health Situation and Trend Assessment for the World Health Organization (WHO), discusses WHO's global strategy for health. Existing health services are being geared towards a health system based on primary health care that recognizes the role of the individual, family, community and local non-governmental organizations. WHO is paying more attention to epidemics such as AIDS, tuberculosis and malaria, which have infected hundreds of millions of people world-wide. Dr. Hapsara believes that integrating health and human development in public policies, ensuring equitable access to health, and preventing and controlling specific health problems are the main challenges facing the achievement of health for all by the year 2000.

WORLD CHRONICLE is produced by the Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration: 28:06"
Executive Producer: Kamil Taha
Director: Ivan Stoynov
Production Assistant: Ellen McGuffie

**ANNOUNCER:** From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

**LITTLEJOHNS:** I'm Michael Littlejohns, and this is **World Chronicle**. Although there's been worldwide improvement in health resulting from expanded coverage and access to health services, not all have benefited equally. Development has not always had a positive impact on health or on the quality of our lives. What are the underlying determinants of health and what can be done to insure equality in health care for all? Our guest today has a special interest in the issues of health and development. He's Dr. Habib Rachmat Hapsara, Director of the Division of Epidemiological Surveillance and Health Situation and Trend Assessment of the World Health Organization, or WHO. Joining me to speak with Dr. Hapsara are Ian Williams of *The New York Observer* and Afsane Bassir Pour of *Le Monde*. Dr. Hapsara, welcome to World Chronicle.

Doctor, in the material that we've been provided with for this programme, I see that the goal is health for all by the year 2000. Now, it seems to me that's rather a tall order, even in the United States as you know, there's a big debate going on over health care and how it's going to be paid for. Is this really realistic, to talk of health for all by the year 2000?

**HAPSARA:** Yes. This is the mandate of the governing board through the World Health Assembly in 1977. It's clear that the main social target of governments as well as the WHO is the attainment of all citizens of their health, you see, by the year 2000. Of course, people raise [questions] about the feasibility of doing that. But let's look also, in 1981, during the World Health Assembly, it was decided also about policy and strategy for health development. And, in fact, based on this policy and strategy a lot of countries pay attention through more commitment to equity in health and pay attention also on the equity aspect, where a lot of achievements in fact are happening now.

For example, on the improvement, look at the life expectancy. So life expectancy at birth has increased from around 40 years for developing countries in 1950 to more than 62 years in 1990, and from 63 years in the more developed countries to more than 75 years over the same period. Also on the infant mortality, you see, it is clear that from more than 200 per thousand live births in 1950 it has dropped to 75 per thousand in 1990, and from more than 70 per thousand in the more developed countries to 14 thousand over the same period. So this is clear on the health status. On the coverage level, there is also some achievement there.

**LITTLEJOHNS:** Coverage level? You mean health services?

**HAPSARA:** Yes, coverage of the health services.

**LITTLEJOHNS:** Number of doctors per thousand population.

**HAPSARA:** Yes, services. People demand services and suppose – the health services try to respond to that. Just to officialize the situation, for example, that the coverage levels by various elements of primary health care has increased in the developed countries from less than 60 per cent in the 1950s to almost 90 per cent now in 1990. And also important is the rapid increase in the coverage of immunization, the immunization programme. For example, 5 per cent in 1970 to more than 80 per cent in 1990 has had a very big impact on the improvement of the health status of the child. So this is more or less about the –

**LITTLEJOHNS:** But there must still be bad pockets, bad areas where this kind of improvement has not been shown at all. I mean, okay, these numbers cover the entire world. But there must be many situations, particularly in Africa, for example, where there's not anything like that kind of coverage.

**HAPSARA:** Yes, of course, in some places, in a lot of countries, we have to take – for example, in the least developed countries the progress is not so advanced. We made some evaluations. Every six years, WHO makes some evaluations. So it's clear that in the least developed countries the achievement of this coverage is not so advanced compared with developing countries. So some of the countries in Africa belong to the least developed countries. So of course now the people there, the awareness has increased, so therefore maybe it is hoped that in the coming future trends will be better.

**WILLIAMS:** The goal of health for all is very laudable, but, for example, although you've eradicated smallpox with a very successful WHO campaign, your own figures show that something like one third of the world's population is afflicted with tuberculosis, and here in New York we have resistant strains of TB which are defying almost all known antibiotics. So how feasible is your goal of health for all in – what is it? – five years' time if one third of the world's population has TB? Which is not the most healthy thing to have.

**HAPSARA:** Yes, I think it's very good question. I would like to look. The Director-General of WHO, Dr. Hiroshi Nakajima, very often makes some statement like this. We have to differentiate between health for all by the year 2000 and the aspirational goal of health for all. Health for all by the year 2000, it means we have to achieve on certain target. But the aspirational goal of health for all, it means it is more efficient, more the expectation, maybe this is beyond the year 2000.

READEX
FICHE

But, of course, particularly we have to focus about the year 2000 target first. The year 2000 target is a milestone for the basis for the coming future. Therefore we have to try to take a look carefully at what is the achievement so far, on one extreme, but on the other extreme you have to know also what might be the challenge for the future.

**WILLIAMS:** But tuberculosis is not a challenge for the future, it's a challenge now.

**HAPSARA:** Yes, right. There are so many determinants that influence also the increase of incidence of tuberculosis, you see, maybe from the socioeconomic situations, AIDS, something like that. But the point is, TB, it's very important that we have to pay attention to it because it has appeared again. But WHO pays very serious attention to that, and a lot of priority programmes are given to this, to TB, because of the situation also.

**BASSIR POUR:** Talking about diseases, AIDS is another disease that's – you were talking about life expectancy, and I'm looking here, life expectancy in Africa has radically gone down through AIDS, from 54 in Uganda, now with AIDS it's 42. And we're talking about the whole of the continent of Africa, and now it's beginning in Asia. And the World Health Organization was severely criticized for its AIDS programme. What do you say on that?

**HAPSARA:** I think it's a very good question. I would like to respond to that, you see. A few years ago, we faced the situation very seriously, but the constraint, of course, was not only the awareness of the people or the government, but the lack of resources. During the last Executive Board meeting this January, and a lot of preparation before that also, now the programme of AIDS has changed in a more comprehensive way in such a way that the intersectoral cooperation, not only WHO but also some other sectors, now has come to the picture more seriously. For example, all the UN agencies are involved in these matters also. WHO is paying the secretariat, the technical secretariat office. So this gives the opportunity to have some more harmonious and efficient cooperations to tackle this important problem, you see. Whereas in the past, maybe another sectoral approach to be done. This is during the last Executive Board in January, the Executive Board decided to enhance this type of programme for AIDS, and WHO as a secretariat, and, if I understand correctly, also even the Secretary-General pays serious attention also, to pay attention to this type of solving. Of course, Africa is one of the important regions where we have to pay attention. But the attention now on AIDS is I think more important compared to two, three years ago.

**BASSIR POUR:** You spoke of a lack of resources. I'm afraid I have to bring up this very controversial re-election of Dr. Nakajima, which I think was a hard blow to the

credibility OF WHO. Could this be one of the reasons for donor fatigue? I know it's difficult for you to answer, but –

**HAPSARA:** I think what is important – this is a process of change, I think, you see. Because AIDS is a serious matter, and in the beginning not many sectors, not many people realized the importance of this. But due to the process of communications and discussion together among the various agencies, I have a feeling that now the awareness between the sectors is improved compared to many years ago. So this is the key aspect, that now we are in a position to try to work together on this issue. Without this, maybe it's difficult. If this is on the health sector alone, for example. So, of course the Director-General of WHO has the responsibility of the direction and coordination in the international work in the field of AIDS. This is a mandate of the constitution. So the first function of WHO is the direction and coordination in the field of inter-health, and in this case it's AIDs. In this context, without support, without cooperation with other bodies, maybe it's difficult. But now, it seems now already there is good progress on that.

But the second aspect of the function of WHO is technical cooperation, you see. Technical cooperation on AIDS is also important. Therefore we have to pay attention to the regional offices of WHO. Of course, as you mentioned, in Africa, the regional office in Africa needs special attention also, compared to other regions. So this is a big effort to do together. So the Director-General feels that partnership is important on this. Without a strong partnership maybe it's difficult.

**WILLIAMS:** But talking of coordination with other agencies, the other agencies of the United Nations that work in Africa are bodies like the World Bank and the International Monetary Fund, which are making it a condition of bank loans that governments cut back on spending, and most of the governments involved seem to think it's easier to cut back on health spending than they do on military spending. So, in fact, you are pushing health policies in one area while other UN agencies are pushing policies which reduce access to those policies by the governments concerned. Could you, would you like to comment on this tricky political situation for you?

**HAPSARA:** Maybe I would like to share with you our experience during the last one year in looking together, analyzing together and preparing together the World Bank Development Report. So I think this will be the first time between WHO as a whole and World Bank as a whole pay attention to the health aspect, what is the reality, the factual reality in the field, as well as what is the aspiration, was is the vision of the future. So if you look to this report, it's clear now that health is seen very seriously also by a lot of prominent economists in the World Bank, together. Maybe in the field of

health we pay attention to the epidemiological surveillance, the incidence, the prevalence, something like tnat.

**WILLIAMS:** One of the directors of the World Bank did in fact make an assessment that since the lives of people in Africa were worth less than the lives of people in Europe, it would make economic sense to dump toxic wastes there. Are you happy with coordinating with people like this?

**HAPSARA:** If you refer to the report of the World Bank?

**WILLIAMS:** Yes.

**HAPSARA:** Because we – at that time we used the DALY, you see, Disability Adjusted Life Years. This is a new effort to try to measure the magnitude of health problems, but in the context of the economic aspect. So I think this is a good start to work together with a group of economists like in the World Bank. What really are the problems in the field seen from the perception of health but also from the perception of economics? And since economics are usually close to the political aspect, so this looks together. So I think this is a group working together between these two. And now a lot of member states try to look at this report as a part of perception seen not only from a health aspect but also from an economic aspect. If you look under the description in Africa, it has very serious attention also.

**LITTLEJOHNS:** This is World Chronicle. Our guest is Dr. Habib Rachmat Hapsara, Director of the Division of Epidemiological Surveillance and Health Situation and Trend Assessment of the World Health Organization. Afsane?

**BASSIR POUR:** Yes. Could you just tell us what are the main challenges that you now face in World Health Organization?

**HAPSARA:** Right. So, a lot of process of analysis and review is already done, in fact, starting '91. In '91, the Director-General asked staff to pay attention to the second evaluation of the health programme in the field. So from '85 to '90 we made some evaluations, done by the member states but also WHO. This is the business of the empirical change, what we want to see, the challenge for the future, one aspect. The second aspect, the permanent peoples in WHO as well as all of our member states try to express what is the vision for the future, what is the – some people say paradigm for the future. So we looked at, in one aspect, the empirical result, in one extreme, but also we tried to look also what is the vision for the future. We tried to match between these two aspects, between the empirical situation and the vision. Based on that, finally we come to a certain five main challenges in the future. Your question is very important because this is what the governing board of WHO, the World Health Assembly, will discuss in the month of May.

The first challenge is on the equity of health. This is the first challenge. So in this challenge on the equity of health, this striving for equity in health must be continued. Renewed accountability by government to their least favoured population is called for. They should reconfirm their commitment to equity, especially as regards the population who has the least access to health care.

**BASSIR POUR:** Could I stop you there? Accountability by governments, how are you going to achieve that?

**HAPSARA:** With having thorough communication between governments as well as the government and the World Health Assembly, because the World Health Assembly is comprised of the governments, you see, so –

**BASSIR POUR:** Do governments admit that they're neglecting a segment of the population's health or – do they admit this kind of thing?

**HAPSARA:** This is close to the third challenge. Let's look on the first challenge first, about the equity aspect. The equity aspect is the important aspect that we have to –

**WILLIAMS:** Here in the United States, for example, a few miles up the road here in Harlem the health statistics are something on a par with Bangladesh, and it is said by many people that their voice in the public health debate in the United States is less heard than the people who make money out of insurance. So if this is in a democratic country in the centre of the civilized world – has this disparity, then what chance do you have in a country where the rulers could be kleptocrats, thieves and military dictators?

**BASSIR POUR:** And liars.

**WILLIAMS:** Politicians.

**HAPSARA:** Yeah, this is from the analysis, because my duty is on the analysis of that, so this is the reason why maybe what you want to discuss in the coming Assembly is the first challenge is under equity aspect. The second – because some of your question is related to the other challenge, you see? The challenge number two is enhancing the partnerships in health development. So this is – it looks like it's been already done in the past, but it needs more attention. A good example is AIDS. A good example is the TB programme, where we have to make more linkages with other sectors, you see. This is very important. So partnerships in health development are very important for us.

The third aspect, this is the people, the family and the community action. The people themselves, you see. Because the people themselves are most important in this health development. Without the strong aspirations and the active roles of the people, of the community, of the NGO, whatever you call that, there's difficulty. If it is up to

the government to provide the services, it is difficult to achieve. So therefore the challenge number three, under people, family and community action is indeed a very important aspect.

The fourth challenge that I would like to share with you is about the – you already mentioned it – is the specific health problem emphasis. For example, as you already raised, we have to pay attention to TB, we have to pay attention to AIDS, we have to pay attention to certain business programmes. So maybe, if I may use this scheme, you see, because this is very simple, so this is the picture, the distributions of disease in developing and developed countries. So annually –

**LITTLEJOHNS:** Yes, the developing countries on the left and the developed on the right.

**HAPSARA:** Yes. Right, okay. They are on the right, okay.

**LITTLEJOHNS:** What is that long bar at the top then, what does that represent?

**HAPSARA:** On the top is the infectious and parasitic disease. So here, it's 17 million people in developing countries died from infectious diseases.

**LITTLEJOHNS:** In the year 1990.

**HAPSARA:** In 1990, the year '90. This is one year, this is the death of.... So total death of one year of 50 million per year. Total 50 million. This is the distribution. One is the – 17 million is in developing countries by infection and parasitic disease. The second here is around 6.5 million people in developing countries died of circulatory system diseases. For example, ischemic diseases, cerebrovascular diseases. But on the right side here is developed countries. This is the most prevalent in developed countries. This is around 5.4 million.

**LITTLEJOHNS:** These essentially are heart attacks, strokes?

**HAPSARA:** Including those, yes, yes.

**WILLIAMS:** But these, I mean a lot of these people are people who have a heart attack at the age of 95.

**HAPSARA:** Yes.

**WILLIAMS:** So I mean, it's hardly a sort of unlooked for event.

**HAPSARA:** Yes, in developing countries usually the population is not quite in the aging state, you see.

**LITTLEJOHNS:** These seem to be about equal, fairly – well, close to being equal. On the fourth down, on the left the developing, on the right, the developed. What's that?

**BASSIR POUR:** What is that?

**HAPSARA:** This one?

**LITTLEJOHNS:** The fourth one.

**HAPSARA:** The fourth one, you mean this one here? 2.7, okay. This is the cancer, the cancer right. So 2.7 million in developing countries die per year –

**LITTLEJOHNS:** And 2.4 –

**HAPSARA:** And 2.4 –

**WILLIAMS:** An interesting point there, do you have any figures on how much money is going into cancer research and how much is going into TB research, for example?

**HAPSARA:** I have no –

**WILLIAMS:** Comparatively speaking.

**HAPSARA:** Yes, I have no data immediately now, but –

**WILLIAMS:** Would you like to guess? I mean, is more money going into cancer research than is going into TB research? Even though many more people in the developed world are afflicted by TB.

**HAPSARA:** I see, yeah, yeah.

**LITTLEJOHNS:** Doctor, I think we probably had a good look at that graph now. Your Division of Epidemiological Surveillance of Health Situation and Trend Assessment, what exactly does that mean? What do you do?

**HAPSARA:** Very good. Our duty in the division is to try to see what is the past progress and development through monitoring and evaluations. We have three years monitoring, but also every six years evaluation of health development. So this is looking to the past. This is a health situation assessment, assessment of the past. First point. The second duty is what is the immediate situation, what is the information about the present situation of the diseases. This is surveillance. We have to use surveillance. Epidemiological surveillance is to know exactly what is the information now and use for the action immediately. So this is for the present. That is not enough. Now the Director-General asks all the staff to pay attention using the epidemiological process to foresee the future challenges, to anticipate the future challenges. Because health development is not a process of short term, it is a long-term process based on the past experience. And now we have the capability to see the future a little bit in advance. So therefore basically three duties, looking to the past, monitoring and evaluation; the present, under epidemiological surveillance; and now, the challenge now is future trend assessments and the health developments. So this is more or less –

**BASSIR POUR:** Doctor, you never answered my question about Nakajima. Has he made any changes that might restore somewhat the credibility – his credibility?

**HAPSARA:** I think Dr. Nakajima tried hard, tried to respond to the decisions of the governing boards, the World Health Assembly, as well as the Executive Board. During the last few months, the World Health Assembly and the Executive Board of WHO tried to review what is the situation and finally proposed something to Dr. Nakajima. There are the famous recommendations, 1 up to 46, there are 46 recommendations suggested by governing boards to Dr. Nakajima and his staff. So I think this recommendation is very important. Therefore it is hoped, with paying attention and responding to this, maybe a lot of enhancements, more effective, more efficient work. Because during the last few months, we already made some reorganization in so many things. The creation of the staff helping directly, Dr. Nakajima's cabinet. My Division also just reorganized, it was decided 31st of March, just. There are so many divisions now we have to review during the last few years, and to propose to the prominent officials in WHO to improve, to rectify, to strengthen all the programme to respond to the governing board's recommendation, which in a sense is to try to enhance the effectiveness, the efficiency of the organization as a whole.

So this is in the process, and maybe this May there will be lot of discussion also how to enhance that further.

**LITTLEJOHNS:** Dr. Hapsara, we have only about a minute left. What you're saying then essentially is that the criticism of the Director-General of WHO, that the organization was not up to speed in dealing with the problem of AIDS, really should have been directed at the World Health Assembly and governments, not at the chief official of the organization, of the agency.

**HAPSARA:** Yeah. I think if you look to the result of many evaluations or reviews that I did also, in fact, this is important, that we have to improve our working cooperations, partnerships together. So we stress now the new partnerships, the partnership between sectors and the partnerships between the group of actors is important to accelerate the achievement of health for all. Without new partnerships, efficient and harmonious partnerships, maybe it's difficult to achieve health for all.

**LITTLEJOHNS:** Dr. Hapsara, that's all the time we have. Thank you for being with us on this edition of World Chronicle. Our guest has been Dr. Habib Rachmat Hapsara, Director of the Division of Epidemiological Surveillance and Health Situation and Trend Assessment of the World Health Organization. He was interviewed by Ian Williams of *The New York Observer* and Afsane Bassir Pour of *Le Monde*. I'm Michael

**Littlejohns, thank** you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

* * * * *

**Transcripts** of the programme may be obtained free of charge by sending a stamped, **self-addressed envelope** to: **World Chronicle**, United Nations, Room S-827, New York, **New York**, 10017, USA.

**World Chronicle** is broadcast worldwide, and features guests whose work is concerned **with major global** issues. This programme is a public affairs presentation of this station **from United Nations** Radio and Television.

**Additional information** material about the United Nations can be obtained by writing to **the Public Inquiries** Unit, United Nations, Room GA-57, New York, New York, 10017, **USA, or the UN Information** Centre in your country.